

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09755924

FILING DATE

02-21-01

APPLICANT(S)

CLAIMS	* * * * *						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* * * * *
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2							52
3							53
4							54
5							55
6							56
7							57
8							58
9							59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
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34							84
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36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2						TOTAL IND.
TOTAL DEP.	18	↓	↓	↓			TOTAL DEP.
TOTAL CLAIMS	20						TOTAL CLAIMS

BEST AVAILABLE COPY